

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE
DATES

100

1

First Semester

**Second Semester** May 24 to State Superintendent

#### February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 41 Ravalli 0731 Corvallis K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Capacity Operated Social Security # Percentage # # Per Day Inspection 100 1 1 34.6 1.57 72 12/16/04 100 1 10 30.2 1.80 84 12/16/04 100 32.2 84 12/16/04 1 11 1.80 0.95 100 12a 86.2 12/16/04 1 18 100 12b 72.8 0.95 18 12/16/04 100 1 12c 92.8 0.95 18 12/16/04 100 1 12d 74.4 0.95 18 12/16/04 100 77.7 0.95 12/16/04 12e 18 1 100 13 28.8 84 12/16/04 1 1.80 2 100 39.2 1.57 71 12/16/04 100 3 40.7 1.80 84 12/16/04 1 4 100 42.6 1.80 84 12/16/04 100 5 41.6 71 12/16/04 1 1.57 12/16/04 100 6 42 1.80 84 1 7 100 25.8 72 12/16/04 1.57 100 1 8 34.4 1.80 84 None

84

12/16/04

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9

32.8

1.80

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				May 24 to	Second Semester County Superin State Superinter	tendent ndent	
COMPLE	ETE TH	IS CLAIM FOR ST	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION:	
This claim	is for the	period beginning		,	20 and en	ding	,	20
			month	day		m	onth da	ny
CERTIFI	CATIO	N:						
The inform	mation on	this form is complete ar	d accurate to the	e best of my kn	owledge.			
Date		Signa	ture, Chair, Board	d of Trustees				
County:		Distri	ct:				District Le	vel:
41 Raval	lli	073	2 Stevensy	ille Elem			Elemen	ntary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
55	2	1	54.4	1.80	88	12/17/04		
55	2	10	44.2	1.57	72	12/17/04		
55	2	11	34	1.80	88	12/17/04		
55	2	2	44.6	1.57	71	12/17/04		
55	2	3	53.2	1.57	71	None		
55	2	4	44	1.57	72	12/17/04		
55	2	5	44.2	1.57	72	12/17/04		
55	2	6	50	1.80	88	12/17/04		
55	2	7	41.2	1.57	78	12/17/04		
55	2	8	49.6	1.80	84	12/17/04		
55	2	9	29.6	1.57	72	12/17/04		
100	2	tu-th pre-school	80	0.95	48	12/17/04		

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29.6

1.57

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0733 Stevensville H S **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 45 2 1 54.4 1.80 88 12/17/04 2 45 10 44.2 1.57 72 12/17/04 2 34 12/17/04 45 11 1.80 88 2 2 45 44.6 1.57 71 12/17/04 2 3 71 45 53.2 1.57 None 45 2 4 44 1.57 72 12/17/04 2 5 45 44.2 1.57 72 12/17/04 45 2 6 50 1.80 12/17/04 88 2 7 45 41.2 1.57 78 12/17/04 2 8 45 49.6 1.80 84 12/17/04

72

12/17/04

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:		February 1 to 0 February 15 to	State Superint	endent	IT FOD SCH	May 24 t	Second Semester to County Supering to State Superinter NSPORTATION:	tendent ndent
This clair	n is for the	period beginning			20 and en	_		20
			month	day		n	nonth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is complete	and accurate to th	e best of my kn	owledge.			
Date		Sig	nature, Chair, Boar	d of Trustees				
County:		Die	trict:				District Lev	wel·
County.		Dis	met.				District Le	/CI.
41 Rava	lli	07	35 Hamilton	n K-12 Sch	iools		High So	chool
Percentage	District #	Route #	Miles Per Dav	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	3	1	35	1.57	71	01/04/05		
100	3	2	40	1.57	71	01/04/05		
100	3	3	29	1.57	71	01/04/05		
100	3	4	34	1.57	72	01/04/05		
		-			. –			
100	3	5	36	1.57	78	01/04/05		
100	3	6	42	1.57	72	01/04/05		
100	3	7	66	1.80	84	01/04/05		
100	3	8	71	1.80	84	01/04/05		
100	3	9	22	1.57	71	01/04/05		
100	3	pre	50	0.00	10	01/04/05		

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## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0738 Victor K-12 Schools **High School** Route District Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 7 1 41 1.57 72 12/29/04 2 7 100 33.6 1.36 66 12/29/04 100 7 3 39 12/29/04 1.36 66 100 7 4 40 1.57 71 12/29/04

PI

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

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DUE DATES:		February 1 February 1	to Cou				•	Second to County to State Si	_	tendent	
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORT	'ATION:		
This clain	n is for the	period beginning		month	day,	20 and 6	ending	nonth		20 ay	
CERTIF	ICATIO:	N:									_
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					District Le	vel:	_
41 Rava	lli		0740	Darby K	-12 School	ls			High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Oper		Bus Driver's Social Security #	
100	9	1		113.2	1.80	84	12/30/04				
100	9	2		49	1.80	84	12/30/04				•
100	9	3		54.4	1.80	84	12/30/04	-			•
100	9	4		36.6	1.80	84	12/30/04				•
100	9	5		109.2	1.80	84	12/30/04				•
100	9	6		39	1.80	84	12/30/04				•
100	9	Kinder		34	1.80	84	12/30/04				•

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100

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2

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

40

33.4

1.80

1.80

School District Claim for State Reimbursement for School Bus Transportation

01/19/05

12/31/04

State	
District	
County	

	<u> </u>	Hele	na, M	T 59620-25	01		School Bus Transportation County			
DUE DATES:		February 1 February 1	to Cou					Second Semeste County Superin	ntendent	
COMPL	ETE TH	IS CLAIM FO	OR STA	ATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRAI	NSPORTATION	:	
This clain	n is for the	period beginning	3		,	20 and e	nding		. 20	
	month day						m	onth d	ay	
CERTIF	ICATIO	N:								
The info	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date	ate Signature, Chair, Board of Trustees									
County:			District	::				District Lo	evel:	
41 Rava	lli		0741	Lone Ro	ck Elem			Eleme	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	13	1		47.8	1.57	72	12/31/04			

88 84

PI	

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

100

100

15-6

15-6

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0743 Florence-Carlton K-12 Schls **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # # Per Day Per Mile Capacity Inspection 100 15-6 1 34 1.36 66 12/29/04 10SE 100 15-6 45 0.95 23 12/29/04 100 18 71 12/29/04 15-6 11 1.57 12 100 15-6 1.57 72 12/29/04 16 71 100 15-6 13 33 1.57 12/29/04 100 15-6 2 25 1.36 66 12/29/04 3 100 15-6 34 1.57 72 12/29/04 100 4 22 1.57 71 12/29/04 15-6 100 71 15-6 5A 30 1.57 12/29/04 100 15-6 6 12 0.00 66 12/29/04 100 15-6 7 32 1.57 72 12/29/04

71

66

12/29/04

12/29/04

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27

23

1.57

1.36